

February 14, 2005

DHS HCO 05-4610

Mr. Jerry D. Stanger, Chief  
California Department of Health Services  
Payment Systems Division  
MS 4700  
P.O. Box 997413  
Sacramento, CA 95899-7413

**SUBJECT: EXEMPTION REQUESTS BY REASON AND COUNTY**  
**Medical and Dental**  
**Effective 2/1/05**

Reference: CA HCO Contract #01-15932 Section 3.10.5.2.3 (7)

Dear Mr. Stanger:

The purpose of this letter is to provide Department of Health Services with the current version of the reports listed below.

- ☐ MSC-B-M34 – Exemption Requests by Reason and County – Medical Exemptions
- ☐ MSC-B-M34D – Exemption Requests by Reason and County – Dental Exemptions

If you have any questions regarding this report, please contact Harry Gill at (916) 364-6620.

Sincerely,

**Signature on Original Copy**

Benjamin R. Coss  
Project Director  
California Health Care Options

cc: Reports File  
Admin File – ID #1308

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**MSC-B-M34 EXEMPTION REQUESTS BY REASON AND COUNTY**  
**MEDICAL EXEMPTIONS**  
 From 12/28/2004 - 1/25/2005

**MAXIMUS**

2 PLAN & GMC COUNTIES																						
COUNTY	APPROVAL REASON																	TOTAL		TOTAL EXEMPTION W/ DISENROLLMENT		TOTAL EXEMPTION PRIOR TO ENROLLMENT
	EXEMPTIONS													WAIVER PROGRAMS								
	A	B	C	D	E	F	G	H	I	J	M	P	X	U	V	W	Y	APPROVED	DENIED	DISENROLLED (TYPE 2)	EDER (TYPE 3)	
ALAMEDA	0	0	0	0	2	0	0	0	0	0	1	8	0	0	0	0	0	11	18	5	0	6
CONTRA COSTA	0	0	0	0	0	0	0	1	0	0	1	3	0	0	0	0	0	5	2	2	0	3
FRESNO	0	0	0	0	0	0	0	1	3	0	0	1	0	0	0	0	0	5	7	1	0	4
KERN	0	1	0	0	2	0	0	9	0	0	1	0	0	0	0	0	0	13	5	0	2	11
LOS ANGELES	3	1	26	22	10	5	11	19	0	0	23	254	0	0	0	0	0	374	288	70	29	275
RIVERSIDE	0	0	2	2	1	0	0	4	6	0	3	27	0	0	0	0	0	45	38	13	0	32
SACRAMENTO	0	0	0	0	0	0	1	0	0	0	1	16	0	0	0	0	0	18	12	3	2	13
SAN BERNARDINO	1	0	5	1	0	0	2	0	0	0	5	33	0	0	0	0	0	47	31	10	1	36
SAN DIEGO	1	0	3	3	1	2	1	2	12	0	2	10	0	0	0	0	0	37	28	3	5	29
SAN FRANCISCO	0	0	0	0	0	0	0	1	3	1	1	2	0	0	0	0	0	8	4	0	1	7
SAN JOAQUIN	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0	0
SANTA CLARA	0	0	0	0	1	0	0	0	1	0	1	2	0	0	0	0	0	5	5	1	0	4
STANISLAUS	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TULARE	0	0	3	0	0	0	0	0	0	0	1	0	0	0	0	0	0	4	9	0	1	3
2 PLAN & GMC COUNTY TOTAL	5	2	39	28	17	7	15	37	25	1	40	356	0	0	0	0	0	572	449	108	41	423
<div>REASON CODE</div> <div><div>A = Neurological Disorder B = Hematological Disorder C = Cancer Therapy D = Renal Dialysis E = Major Organ Transplant F = HIV/AIDS</div><div>G = Awaiting Surgery or Treatment H = Fair Hearing I = Indian Health Program J = Plan Initiated Disenrollment M = Other Complex Medical/Dental Condition P = Pregnant X = Sonoma Exemption</div><div>U = Waiver - AIDS V = Waiver - Model W = Waiver - IHMC Y = Waiver - SNF</div></div>																						

**TOTAL APPROVED = EXEMPTIONS + WAIVER PROGRAMS**

# MSC-B-M34D EXEMPTION REQUESTS BY REASON AND COUNTY

## DENTAL EXEMPTIONS

From 12/28/2004 - 1/25/2005

2 PLAN & GMC COUNTIES									
COUNTY	APPROVAL REASON				TOTAL		TOTAL EXEMPTION W/DISENROLLMENT		TOTAL EXEMPTION PRIOR TO ENROLLMENT
	EXEMPTIONS								
	Z	H	I	J	APPROVED	DENIED	DISENROLLED (TYPE 2)	EDER (TYPE 3)	
SACRAMENTO	1	0	0	0	1	4	0	1	0
2 PLAN & GMC COUNTY TOTAL	1	0	0	0	1	4	0	1	0
<div><div>REASON CODE</div><div><div>Z = Dental Exemption J = Plan Initiated Disenrollment</div><div>I = Indian Health Program H = Fair Hearing</div></div></div>									

TOTAL APPROVED = APPROVAL REASON CODE Z, H, I & J